	. Apr	PTC/56/30 (99-03) PTC/56/30 (99-03) POVED for use through 57/31/2008, CMG C651-0031		
under the Parenter's Radiation Act of 1995, no persons are most	U.S. Patent and Trade and to menoral to a collection of inform.	phon united it contains a water OMB control number.		
Request	Application Number	09/863,048		
for	Filing Date	\$/22/2001		
Continued Examination (RCE)	First Named Inventor	John J. Light 2174		
Transmittal	Ad Unit			
Meil Stop RCE Commissioner for Patents	Examiner Name	KE, Peng		
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	42390P10968		
This is a Request for Continued Examination (RCE) Request for Continued Examination (RCE) practice under 27 C 1995, or to any design application, See Instruction Sheet for Re	under 37 CFR 1.114 of the s	bove-identified application.		
1. Submission required under 37 CFR 1.114 No amendments enclosed with the RCE will be entered in applicant does not wish to have any previously filled une amendment(s). Previously submitted. If a final Office action is eansidered as a submission even if this box is consider the arguments in the Appeal is. Consider the arguments in the Appeal is. Cheer Other Amendment/Reply ii, Amendment/Reply iii, Amendment/	ote: if the RCE is proper, any previous the order in which they were filed unitered amendment(s) enlered, sp a constancing, any emendments fit a not checked. Brief or Rely Brief previously filed in information in information in information in information in information in information shad not exceed a more of the following fees, or credit any or insolved in information and instituted redit card information and instituted redit card information and instituted in information and instituted redit card information and instituted in information and instituted redit card information and instituted in information in inf	ness applicant instructs otherwise. If piccont must request non-entry of such and after the final Cifice ecition may be an Disclosure Statement (IDS) P CFR 1.103(a) for a near 37 CFR 1.17(0 required) E is filed. Response to the first color of the programments, to		
SIGNATURE OF APPLI	CANT, AYTORNEY, OR AGENT	REQUIRED Insilon No. (Attornoy/Agnet) 41,410		
Name (Antitype) Sharpig N. Green	Date	March 14, 2005		
I hereby comfy that this correspondence is being deposited with the U addressed to; later Stop RCE. Correlicationer for Potenta, P. O. Borr 14 Office on the dall's shown below.	OF MAILING OR TRANSMISSIO Med Slave Portal Service with sufficio LSD, Alexandria, VA 22313-1450 or faci	at austron as first along mall in an amulana		
Name (PrintTytis) Use M. Hopkinson	Cost			
Signabute Trils collection of information is required by 37 of 21.1.1.1. The dates to proceed an opplication, Conductationly is governed by 35 U.S.C. 1 osthering, preparing, and submitting the completed application formation of time you require to conducto this form and/or suppretional Tradement Office. U.S. Department of Compense, P.O. Oost 1-50, ADDRESS, SEND TO: Stall Stop ROE. Commissioner for Pates if youlifeed estitutions in complete.	reation is required to obtain or retain a in 122 and 37 CFR 1,14. The collection is to the USPTD. Three will very departs in reacing this burden, should be in Alexandre, WA 22313-1450. DO NO https://doi.org/1450.46193100148.	enest by the guide which is to the land by the USPTC estimated to take 12 minutes to complete, including into upon the individual case. Any comments on the ent to the Crief Information Officer, U.S. Patent and FADD FEES OR COMPLETED FORMS TO THIS /A 22313-1450.		
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* RCVD AT 3/14/2005 7:41:13 PM [Eastern Standard Time] * SVR:USP	IAPR VIOLENT RHEGISTERS CO	muan i in i i aa - naimi inau fimitaaliaa aa		

	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/863046											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		24		5.			RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			24 min	24 minus 20=		4		X\$ 9=		OR	X\$18=	79-
INDEPENDENT CLAIMS			3 minus 3 =		a			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	. TOTAL	-	OR	TOTAL	782
CLAIMS AS AMENDED - PART II (Column 3)							7,	DL SMALL	ENTITY	OR	OTHER SMALL	THAN
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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								+135=		OR	+270=	
	3/14/0	(Column 1)		(Colur	mn 2)	(Column 3)		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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• (* If the entry in column 1 is loss than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number